1632\$

AMENDMENT TRANSMITTAL LETTER

DOCKET NUMBER:

66654-010 (P-LJ 3650)

SERIAL NO: 09/388,221

THADE

FILING DATE:

EXAMINER:
A. Wehbe

GROUP ART UNIT: 1632

INVENTION: NOVEL CARD PROTEINS INVOLVED IN CELL DEATH

September 1, 1999 A. Wehbe

REGULATION

TO COMMISSIONER FOR PATENTS

RECEIVED

MAR 2 8 2003

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on March 6, 2003.

By: Pamela M. Guy, Reg. No. 51(228

TECH CENTER 1600/2900

March 6, 2003 Date of Signature

Transmitted herewith is a Response to the Office Action mailed November 5, 2002, with attached Appendix A in the above-identified application.

- X Two Small Entity statements are enclosed.
- X Petition for a two-month Extension of Time is enclosed (in duplicate).
- ____ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ___ No additional claims fee is required.
- X An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
	AMEND- MENT						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	71	-	52	-	19	х	\$9	\$18	=	\$171.	\$
INDEPEN- DENT CLAIMS	19	-	9	-	· 10	x	\$42	\$84	-	\$420	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		_	YES		XXNO		\$140	\$280	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$591	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: John C. Reed Serial No.: 09/388,221

Filed:

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- X Please charge my Deposit Account No. 502203 the amount of \$796.00, \$205.00 for the two-month extension of time and \$591.00 for the additional claims fee. A duplicate copy of this sheet is enclosed.
- ___ A check in the amount of \$\\$ is enclosed, \$\\$ of which covers the fee for a -month extension of time.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502203. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502203 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Pamela M. Guy
Registration No. 51,228
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4370 La Jolla Village Drive
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858-535-9001